

Boy Scouts of America Troop 615
Parents Permission & Emergency Medical Form

Date: Friday June 20, Saturday June 21, and Sunday June 22
Outing: Brett Diener's Eagle Leadership Service Project – de Portola Elementary
Departure/Drop Off: Personal transport by own parent, Return/Pick up: Personal transport
Adult Leader: Scott Diener phone: (949) 582-6441 cell: (949) 212-0052
Asst. Leader: Sharon Diener phone: (949) 582-6441 cell: (949) 230-1661
Boy Leader: Brett Diener phone: (949) 582-6441 cell: (949) 554-4174
Costs: none
Special instructions: Please wear clothes that can get paint on them (Do not wear Class B). Wear hats and sunscreen – be prepared for sun.

In case of emergency or delay, contact: Scott Diener 949-212-0052 or Brett Diener 949-554-4174

DETACH HERE. KEEP TOP SECTION AT HOME, AND BRING BOTTOM SECTION TO OUTING

PARENT'S PERMISSION & EMERGENCY MEDICAL FORM

I, the undersigned parent or legal guardian of _____, a minor, do hereby request that my son be permitted to go with Boy Scout Troop 615 of Saddleback District

_____. And if the need arise, do hereby authorize and consent to any examination, anesthetic, or medical or surgical treatment rendered under the supervision of any member of the medical staff and emergency room staff licensed under the provisions of the Medicine Practice Act, or a dentist licensed under the provisions of the Dental Practice Act, and on the staff of any acute general hospital holding a current license to operate a hospital from the State of California Department of Public Health. It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required, but is given to provide authority and power to render care which the aforementioned physician, in the exercise of his best judgment, may deem advisable. It is understood that effort shall be made to contact the undersigned prior to rendering treatment to the patient, but that any of the above treatments will not be withheld if the undersigned cannot be reached. I will not hold liable the Boy Scout Council of Orange County, its officers, or leaders for medical aid rendered and will reimburse the Boy Scout Council of Orange County for medical or other expenses incurred in the care of my son.

THIS AUTHORIZATION IS GIVEN PURSUANT TO SECTION 25.8 OF THE CIVIL CODE OF CALIFORNIA AND REMAINS EFFECTIVE ONLY FOR THE OUTING ABOVE.

PHYSICIAN OR CHRISTIAN PRACTITIONER:

ADDRESS

PHONE NUMBER

MEDICATIONS YOUR SON WILL TAKE ON THIS OUTING: _____

!!! Boys are responsible for storing and taking their own medicines. If you have concerns about your son's ability to do this without supervision, please discuss it with the Scoutmaster. !!!

DATE OF LAST TETANUS SHOT _____ ALLERGIES:

ANY RESTRICTED ACTIVITIES?

EMERGENCY CONTACT _____ PHONE

PARENTS' SIGNATURE _____ PHONE

DATE _____